



Early ACCESS Annual Report to the Governor



Submitted by

The Iowa Council for Early ACCESS



July 1, 2005 — June 30, 2006



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State of Iowa **Department of Education**Grimes State Office Building Des Moines, Iowa 50319-0146

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The Honorable Chet Culver Governor of Iowa Iowa State Capitol Des Moines, Iowa 50319 March 1, 2007

Dear Governor Culver:

On behalf of the Iowa Council for Early ACCESS, the State Interagency Coordinating Council created under Part C of the *Individuals with Disabilities Education Act*, I would like to present the Annual Report of the Council for the period from July 1, 2005 through June 30, 2006. As you know, the Council advises and assists the Department of Education to develop and implement policies to improve Iowa's interagency system of early intervention services that help families to promote the optimum development of their infants and toddlers with special needs.

As federally required, we are sending you the full Annual Performance Report for the Early ACCESS system. The Annual Performance Report is also sent to the Secretary of the U.S. Department of Education. This report was prepared to meet specific federal reporting requirements (thus its length). We will be sending you a summary document that highlights key points of the Annual Performance Report.

This past year, the Council advised and assisted the lead agency in five areas of focus: Comprehensive Child Find; Family Centered Services; Early Intervention Services in the Natural Environment; Early Childhood Transition; and General Supervision and Infrastructure.

These efforts were intended to help improve the system's ability to identify children in need of services, provide family-centered services to them in their natural environments, and facilitate the successful transition of toddlers out of Early ACCESS in ways that continue to support their development

We appreciate the opportunity to contribute to your Early Childhood Initiative by helping to build the capacity of Iowa's system to support infants and toddlers with special needs and their families. We look forward to continuing to work with you and all our state and community partners to achieve this goal.

As your Council, however, we must take this opportunity to express our serious concern about the erosion of the resources needed to continue the progress summarized in this annual report. Given Iowa's changing demographics, the federal contribution to Iowa's Part C program is shrinking. At the same time, state funding for critical components of the Early ACCESS infrastructure (e.g., Child Health Specialty Clinics) is also not keeping pace with growing needs. We greatly appreciate your advocacy for increased state appropriations for early childhood programs, including increased revenues to be targeted to Iowa's Medicaid program. Iowa's Early ACCESS system cannot be sustained without them.

Sincerely,

Troy McCarthy, Chair

Iowa Council on Early ACCESS



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Iowa Council for Early ACCESS Overview

The Iowa Council for Early ACCESS (ICEA) is Iowa's state interagency coordination council for Early ACCESS. Early ACCESS is Iowa's early intervention system for children birth to age three who have a health or physical condition that affects his or her growth and development; or have a delay in his or her ability to play, hear, see, talk or move.

Twenty-nine members appointed by the Governor advise and assist the Lead Agency, the Iowa Department of Education, about Iowa's Early ACCESS system. The Executive Committee guides the activities of the Council and sets the agenda.

Council Activities

In 2005-2006, the council focused its efforts on advising and assisting the Lead Agency in developing Iowa's Six Year State Performance Plan. The Lead Agency needed to address four priority areas and thirty-four indicators. The four areas of focus were: General Supervision and Infrastructure; Comprehensive Child Find; Early Intervention in the Natural Environment (including Family Centered Services); and Early Childhood Transition. The plan was to seek public comment in November and then begin reporting progress in February 2006.

The process for writing the plan called for broad stakeholder input. The ICEA is a key part of that input. Input into the plan included recommendations for measurable targets, strategies and data collection. These recommendations were approved by the Lead Agency and included in the State Performance Plan.

The document was submitted to the office of Special Education Programs on December 2, 2005.

The following persons served on the ICEA in 2005-2006. Representatives with an asterisk (*) served as members of the Executive Committee.

Iowa Council for Early ACCESS Membership 2005-2006

Parents

Kyla Alba Scott Beall Dan Ellsbury Jennifer Gomez Kelly Hancock Troy McCarthy*

Service Providers

Royann Mraz, M.D. *Pediatrician*

Glenn Baughman Mental Health

Debra Sixta, M.D. Family Physician

Greg Titus

Pediatric Nurse Practitioner

Cathy Ryba*

Part C Regional CoordinatorChairperson

Glenn Grove*

Special Education Director

Carolyn Nelson *Health*

State Legislator

Open



Personnel Preparation

Robert Bacon* Mary Jane Brotherson

Head Start

Carolyn Sodders

Head Start

Signatory Agencies

Lana Michelson*

Department of Education

Jane Borst*

Department of Public Health

Jeff Lobas*

Child Health Specialty Clinics

Jim Overland*

Department of Human

Services

Child Care

Barbara Merrill*

Health Insurance

Angela Burke Boston Michael D. Fay

At Large Members

Bruce Burnett
LaMark Combs
Hector Garrido-Osorio
Jan Mackey*
Pamela Parker
Maureen Schletzbaum
Shannel Wagler
Community Empowerment

Each year the Membership Committee seeks individuals for consideration for appointment to the Council. When filling open positions, people are chosen to represent specific constituencies that meet federal requirements or diversity. In 2005 the following people were appointed by the Governor: Scott Beall (parent), Kelly Hancock (parent), Pamela Parker (parent), Angela Burke Boston (insurance), Jan Mackey (parent), Maureen Schletzbaum (parent), Carolyn Nelson (health), and Carolyn Sodders (Head Start)

General Supervision

The Governor of Iowa designated the Department of Education to be the Lead Agency with fiscal and legal responsibilities among the four Signatory Agencies which are: the Department of Education, Department of Public Health, Department of Human Services, and Child Health Specialty Clinics. In accordance with the Individuals with Disabilities Education Improvement Act of 2004, Iowa must have in place a Part C State Performance Plan that evaluates Iowa's efforts to implement the requirements and purposes of Part C and describe how Iowa will improve such implementation. Iowa will report annually to the U.S. Department of Education on the performance of the State under this plan. This year the Iowa Department of Education, with the advice and assistance of the Council, completed work on the initial 6-Year State Performance Plan by identifying questions related to the OSEP indicators and setting targets for these indicators.

Iowa Identified Four Essential Questions:

1. Are children birth through age three appropriately identified and receiving services in the natural environment?



- 2. Are children birth through age three receiving the services they need to be healthy and successful?
- 3. Are families and their children birth through age three supported in meeting their special needs?
- 4. Does the infrastructure system support the implementation of IDEA?

Monitoring the System

Tools were put into place in order to capture data to answer the above questions and evaluate Iowa's efforts to implement the requirements and purposes of Early ACCESS.

The Early Childhood Outcomes Measurement or ECO looks at infants' and toddlers' current level of functioning, progress, and new skills acquired.

A Family Survey was implemented to gather information from families to see if Early ACCESS services:

- · Helped the family know their rights
- Helped the family effectively communicate their child's needs
- Helped the family help their children develop and learn

These tools are being implemented to establish baseline data and the council is helping set targets for the state.

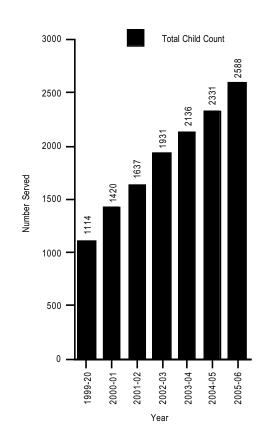
Comprehensive Child Find

One of the areas of focus for the Early ACCESS system is the identification process. Child Find means all the ways children with

developmental delay, or conditions that may lead to developmental delay, are identified and referred to Early ACCESS. Early identification and referral is shown to impact a child's development and future success. For the last few years there has been an increase in the number and percentage of infants and toddlers receiving Early ACCESS (Part C) services. (See figure below: Total Child Count).

Total Child Count

Projected 2006 Early ACCESS Child Count



Source: Iowa Part C 618 Settings Table, 2004, Iowa Department of Education



In the FFY 2005 (2005-2006), the number and percentage of infants receiving early intervention services consistently increased. The state target was met for FFY 2005 for the percentage of children, birth to age one, receiving Early ACCESS services according to an Individualized Family Service Plan (IFSP). First year data results of 1.22 percent children served indicated the state exceeded the baseline of 1.12 percent in FFY 2004 (2004-2005) and the target of 1.1 percent for FFY 2005.

From the total number of children served in 2004-2005, 2,331 children served equals 2.12 percent of the population. In 2005-2006, 2,588 children represented 2.35 percent of the percentage of children, birth to age three, receiving Early ACCESS services. These two years of data indicate that the state exceeded the target of 2.1 percent for FFY 2005.

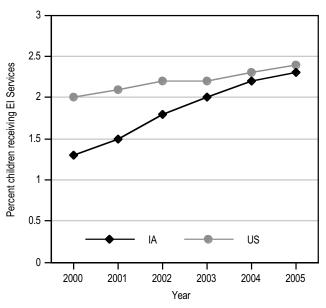
Although Iowa has seen increases in the number of families served through Early ACCESS, the federal funds are not keeping up at the same percentage of growth and in fact have declined. During the 2006-2007 Iowa legislative session, state departments requested state funding that would enable Early ACCESS system partners to partially meet the costs to serve increased numbers of eligible children.

For the past two years the Council has made identifying infants under age 12 months with developmental delays a priority.

The state has exceeded that target for 2005.

Percent of IA/US Children Served in Part C Birth to 3

What Proportion of Children are Being Served by Early Intervention Services?



Source: IDEA Data, 2000-2005 and Table 8-6 US Dept. of Education DANS

Note: Iowa is ranked 6th among states and territories for greatest percentage change in child count between 2000 and 2005.

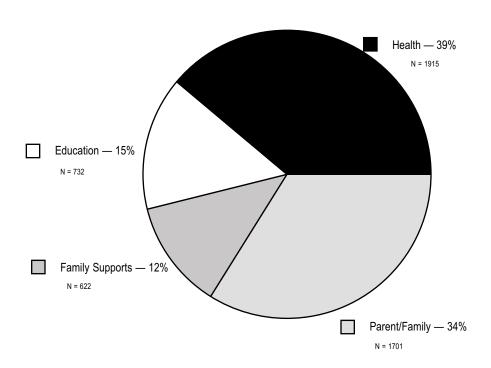
Referrals

Regional Grantees tracked and reported referral source data; in FFY 2005 (2005-2006) the two most common referral sources reported statewide were Parent/Family members and Health Professionals; including hospitals, high-risk, follow-up programs, and public and private health agencies.



Percent Referrals by Referral Source categories

Where Do Referrals in Iowa Come From?



Source: Early Identification State Data, 2004

Activities for Improving Child Find and Referrals

- 1. COMPASS is designed as the central point of entry; it includes a toll-free number and a 'hot-link' directly to the local Early ACCESS number.
- 2. A basic informational brochure about Early ACCESS was created in 2005 at the request of the Regional Grantees. They provided feedback that they needed a trifold brochure that would fit both in a business size envelope and standard

material/resource office display racks. The Parent Committee of the Iowa Council of Early ACCESS assisted in the revision of the brochure. Positive feedback was received for the content and format of the brochure after it was distributed. The new basic informational brochure was distributed at a rate of four times higher than that of the previous general information brochure distributed in past years.

3. The State staff brought together the administrators of High Risk Infant Fol-



low-Up programs across the state to facilitate improved communication and referrals into the Early ACCESS program. Further work is being done to ensure that each program's procedures are complementary. Also, a five member panel of health professionals presented to the Iowa Council of Early ACCESS (state interagency Coordinating Council) to improve follow-up of High Risk Infants.

Challenges

- 1. To continue to use public awareness materials to reach all families as potential referral sources.
- 2. To continue professional development activities for hospitals, High Risk Infant Follow-up Programs, Medicaid providers and Iowa's Early Hearing Detection and Intervention Program to become referral sources.

Percent of the Iowa infant and toddler population served, compared to the National Average.

 Iowa
 2.35%

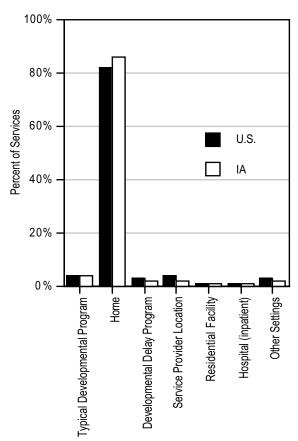
 Nation
 2.40%

Early Intervention Services in Natural Environment

The State of Iowa has implemented a model of serving children in the natural environment for several years. This means that Iowa makes an effort to provide services to children in places that are natural and normal for a child that does not have a condition or developmental delay. If this is not possible, every effort is made to accommodate the child and family's situation so that services are provided in a family-centered way. Iowa's infants and toddlers in Early ACCESS are primarily receiving supports and services delivered in their home or community.

In reviewing prior trend data, the percent of infants and toddlers served in the natural environment has increased each of the last five years and has been consistently 8 to 10 percent higher than the national average in serving infants and toddlers in the natural environment.

Where are Early ACCESS Services Provided?



Where Early ACCESS Services are Provided



Activities to support services in the Natural Environment

- 1. State staff attended the National Inclusion Conference in July 2005.
- 2. The National Early Childhood Technical Assistance Center (NECTAC) provided technical assistance to develop an inclusion plan for Iowa.
- 3. State staff participated in a series of conference calls on natural environments featuring nationally known researchers.
- 4. The Lead Agency sponsored a Train the Trainer workshop on the *ABC Matrix*, a research-based assessment tool that helps service providers design interventions in the natural environment and daily routines that children experience.
- 5. Module 3 of the Service Coordination Training Program provides training on research-based practices in the Natural Environment.

Challenges

- 1. To further define natural environments as it pertains to services provided through partnering agencies.
- 2. To continue to provide services in the natural environments for families as resources of partnering agencies are cut.
- 3. For children transitioning to special education services at age three, placement in least restrictive environment.

Family Centered Services

Iowa has a strong history of partnering with families and considering family circumstances

and needs for the development of a plan for service for individual children. In addition, families play a key role in influencing policy. The council is federally required to have a makeup of at least 20 percent family members. This year, the council is made up of one-third family members of children with special needs. They play a key role in advising and assisting the system of early intervention services.

Activities for improving Family Centered Services

- 1. Every fall, for the last six years, a two-day workshop, "Parents as Presenters," has been provided for family members who have children with special needs, to prepare them to "Tell Their Story" to preservice early childhood classes and community agencies. Parents then go out to the community and colleges to talk to service providers and future service providers. By sharing their stories they promote sensitivity and awareness of how disability impacts family life. Parents bring to life the importance of providing Family Centered Services.
- 2. A parent survey was conducted to obtain baseline information on the effectiveness of the Service Coordinator to ensure the provision of Family Centered Services. The results of this survey provide baseline data about the role of the Service Coordinator.
- 3. Family training and support is provided by Parent-Educator Connection (PEC), a partnership between families and educators to strengthen the relationship brought to the child's education.
- 4. The Early ACCESS personnel development system has embedded eight Family Centered principles in pre-service classes, in-service workshops, and the Service Coordinator Competency Based Training Program to assure that the staff have the core competencies needed to provide high quality services to families.



5. Recruitment of families who bring diverse racial and ethnic points of view to the Council and other early childhood statewide councils and boards.

Challenges

- 1. Although the parent survey shows that the number of parents satisfied with provision of services is high, there is a need to continue sharing information about parent support networks, providing options in services, and helping families to identify informal support.
- 2. To seek input from underserved families across the state about policies and procedures.

A Parent's Quote...

I appreciate our providers' willingness to really listen to our concerns and problem solve with me and my husband to come up with a solution... We are very satisfied with services provided to us and very thankful that they are available.

Transition

Iowa ensures timely transition from Part C services to Part B and/or other services by a child's third birthday, including an IFSP with transition steps and services, notification to

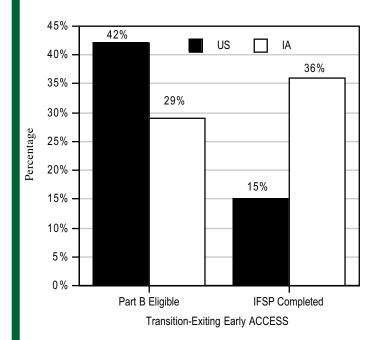
the LEA and a transition conference as mandated in statute.

All Iowa children exiting Early ACCESS services should receive the planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday. A goal for this process is to be as smooth as possible for both the child and the family.

In accordance with federal regulations and administrative rules for Early ACCESS, all regional grantees have policies in place for how they plan to transition children to other services when they exit the system.

In 2005, 36 percent of children left Early ACCESS before reaching the age of three because they improved their developmental skills and no longer needed Early ACCESS services. In addition, as compared to the

Transition-Exiting Early ACCESS (lowa Compared to US)



Source: Iowa Part C 618 Table, 2005-06.



United States, a small percentage of children needed Part B - Special Education Services. By investing in supports and services for young children early on, the cost of future educational expenditures can be lower.

Activities for improving Transition

- 1. The Early ACCESS Monitoring System has identified three areas to collect data:
 - a. Timely IFSP with transition steps and services are documented;
 - Notification to LEA occurs prior to the meeting and the documentation is recorded at the transition planning conference; and
 - c. Timely transition conference at least 90 days prior to the 3rd birthday of a child, potentially eligible for Part B services.
- 2. Technical assistance materials were provided to parents and professionals regarding transition planning through continuation of PEC Coordinator activities.
- 3. Data was collected from stakeholders regarding transition technical assistance needs.
- 4. Refined data collection and the monitoring system regarding transition.
- 5. Continuous Improvement Plans (CIPs) are written by the Regional Grantees and monitored by the Lead agency.

Challenge

The data for this compliance indicator is set at 100 percent. At this time the state is not at 100 percent, and there will be a continued need to provide technical assistance regarding all aspects of transition.



Our daughter started receiving Early Intervention Services when she was three months old. Early Intervention Services enhanced our family's capacity to meet our daughter's needs. She started preschool this year and was better equipped to handle the experience. Our daughter continues to thrive and reach potential far beyond the expectations of medical professionals.



Council Future Plans

- The Iowa Council for Early ACCESS will advise and assist the state in setting targets for the Part C indicators as set forward from the Office of Special Education Programs (OSEP) in order to monitor state progress and quality.
- The Iowa Council for Early ACCESS will continue to advise and assist the state in exploring ways to further support the Early ACCESS system financially.

Challenges

The major challenge for 2007 will be to determine how to sustain system improvement with decreasing resources. At the same time, there has been a change in Iowa's demographics, and the federal contribution to Iowa's Part C program is also shrinking. There was a state match from the Iowa Legislature this year for Early ACCESS; however, with growing numbers of infants and toddlers being identified and eligible for Early ACCESS services, there is still a need for more resources. The challenge is to provide quality services for young children and their families while advocating for more resources.